

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE				
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9	1						59					
10		1					60					
11							61					
12		1					62					
13							63					
14							64					
15	1						65					
16		1					66					
17							67					
18	1						68					
19		1					69					
20							70					
21	1						71					
22		1					72					
23							73					
24	1						74					
25		1					75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	6						TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS	28						TOTAL CLAIMS					